



PUEBLO OF LAGUNA

JOB SKILLS APPLICATION

Please complete this application to the best of your ability. If you have questions, please contact Ms. Kathleen Smith @ 552-7021. This application will be entered into the Pueblo of Laguna's Employment Compliance Program database. This does not guarantee you employment. Prospective contractors / employers will be viewing your skills and will contact you directly. If you feel that you have not been given proper consideration in accordance with your qualifications, you may contact the Pueblo's Employment Compliance Program for remedies as afforded in the Pueblo's Indian Preference Code.

GENERAL INFORMATION

Name: _____

Date: _____

Mailing Address _____

City: _____

State: _____

Zip Code: _____

Home Phone Number: _____ Message Phone Number: _____

Are you an enrolled member of the Pueblo of Laguna? Yes ☐ No ☐

Enrollment #: _____

Are you enrolled in another Pueblo / Tribe? Yes ☐ No ☐ If you are an enrolled member of another Pueblo / Tribe, you must attach documentation proving Indian status to be eligible for Indian Preference

Do you have a valid Driver's License? Yes ☐ No ☐ State of Issue: _____

Do you have a CDL? Yes ☐ No ☐ Endorsements: _____

Please attach a copy of your Driver's License to the application _____

EDUCATION / TRAINING

Professional Licenses, Registrations, or Certificates (Please attach copies):

Educational Institution Name	Training / Vocation Type	Dates Attended	Degree / Certification Obtained

WORK HISTORY

List your last 3 Employers – starting with the most recent:

(1) Name of Employer: _____
Mailing Address: _____
Dates of Employment: From: _____ To: _____
Job Title: _____
Duties: _____

(2) Name of Employer: _____
Mailing Address: _____
Dates of Employment: From: _____ To: _____
Job Title: _____
Duties: _____

(3) Name of Employer: _____
Mailing Address: _____
Dates of Employment: From: _____ To: _____
Job Title: _____
Duties: _____

JOB SKILLS

List Job Skills that you are qualified for and the amount of time you have spent in the field

SKILL	YEARS / MONTHS

Acknowledgement

I hereby certify that the information provided in this Job Skills Application is true and complete to the best of my knowledge and belief.

Applicant Signature: _____

Date